

Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

☐ Initial

Not yet qualified ☐ or

Date qualified as committee

☒ Amendment

List I.D. number:

1274444

2/18/2005

Date qualified as committee
(If applicable)

☒ Termination - See Part 5

List I.D. number:

1274444

8/25/2010

Date of Termination

Date Stamp

**CALIFORNIA
FORM 410**

For Official Use only

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1. Committee Information

NAME OF COMMITTEE

Pharmaceutical Research and Manufacturers of America California Initiative Fund

STREET ADDRESS (NO P. O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	916-442-2280

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS
363800SSB

COUNTY OF DOMICILE

Sacramento

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

J. Richard Eichman

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	916-442-2280

NAME OF ASSISTANT TREASURER, IF ANY

Laura Ann Stephen

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	916-442-2280

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Merrill Jacobs, Deputy Vice President

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 233-3480

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 08/25/2010

DATE

By J. Richard Eichman

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

Pharmaceutical Research and Manufacturers of America California Initiative Fund

I.D. NUMBER

1274444

4. Type of Committee

 Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION		AREA CODE/PHONE		BANK ACCOUNT NUMBER	
ADDRESS		CITY		STATE	ZIPCODE

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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COMMITTEE NAME

Pharmaceutical Research and Manufacturers of America California Initiative Fund

I.D. NUMBER

1274444

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☒ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

This committee expects to support or oppose future State and Local ballot measures each of which will be listed in the committee's campaign statements, filed pursuant to Government Code 84200, et seq.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Pharmaceutical Research and Manufacturers of America

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Pharmaceuticals

STREET ADDRESS

NO. AND STREET

CITY

Washington

STATE

DC

ZIP CODE

20005

Small Contributor Committee☐

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditure in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

FPPC Form 410 (Jan/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC